

Australia: Victoria triple-zero call delays linked to 33 deaths over 18 months

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A recent report on emergency performance statistics in Victoria, Australia's second-most populous state, has linked the tragic deaths of 33 people over the past 18 months to call-answering delays in an overstretched ambulance service.

Those who died included 14-year-old Alisha Hussein, whose mother was forced to drive her to hospital after waiting over 15 minutes for their triple-zero call to connect to an operator in October 2021. In the same month, 47-year-old Melbourne father, Nick Panagiotopoulos, died after waiting 15 minutes for a triple-zero call to connect and around ten minutes more for an ambulance to arrive.

The report, released in September by the Inspector-General for Emergency Management (IGEM), is a damning indictment of the "let it rip" COVID-19 policy of state and federal governments, which has exacerbated an already existing crisis in healthcare, following decades of funding cuts under both Labor and Liberal, state and federal governments.

Whilst Ambulance Victoria had experience worsening delays and increased ambulance ramping prior to the pandemic, the report states that before 2021 and 2022, the Emergency Services Telecommunications Authority (ESTA) had "typically been compliant" with its benchmark of 90 percent of emergency ambulance calls answered in 5 seconds, and that performance figures had, at times, fallen up to five percent below this.

By contrast, the report states that ESTA did not meet its benchmark in any month from December 2020 to June 2022.

Services were already in crisis prior to the government's removal of COVID restrictions in December last year. By September 2021, Victoria's emergency call response time had dropped to 67.8 percent of calls answered within five seconds. The report found that in some cases, call response times blew out to more than ten minutes.

The subsequent lifting of public health measures to stop the spread of COVID-19 had an immediate impact on emergency services. As early as January 2022, the rate of emergency calls answered within 5 seconds time fell to just 39 percent.

According to state government figures, emergency ambulance call volumes increased from an average of around 2,200 calls per day prior to the pandemic, to around 4,000 during the Omicron surge. The quarter between January and March this year was the "busiest in Ambulance Victoria's history," with over 93,000 Code 1, most urgent emergency, callouts.

The Australian government under then Prime Minister Scott Morrison in agreement with Liberal and Labour state premiers operating through the extra-parliamentary "National Cabinet," overturned most COVID restrictions in December 2021.

The Victorian Labor government of Premier Daniel Andrews played a linchpin role in this operation, which had the character of a conspiracy against working people.

Over 13,000 COVID-19 deaths have occurred this year alone as a result of this criminal policy and tens of thousands more are living with the debilitating effects of Long COVID.

The government's COVID policies led to the crisis of the whole healthcare system not only in Victoria but across the country. Since December 2021, the number of COVID-19 patients has not fallen below 1,000; and July and August, the deadliest months of the pandemic, saw hospitalisations surpass 5,000.

Between January and March this year, as the Omicron wave ripped through the state, some 5,000 hospital workers and 500 paramedics were being furloughed each day. These numbers continued, even as close-contact isolation requirements were lifted, with reports of up to 2,000 hospital staff furloughed with COVID each day in Victoria in August.

This year alone, Ambulance Victoria has called seven "code reds," which is when there are no ambulances available to respond to callouts due to services being overwhelmed by demand. This was also exacerbated by staffing shortages due to COVID. In July, there were reports of 170 paramedics absent each day due to COVID infection.

In every state and territory, the surge in COVID-19 cases led to record levels of ambulance ramping, with paramedics

left waiting at the hospital for patients yet to be triaged due to lack of beds in the emergency.

In NSW, ambulance response times were at their worst recorded levels in the period from January to March this year. Ambulances did not arrive to 63.3 percent of emergency priority cases within 15 minutes.

Warnings of a health system under strain were also seen in the years prior to the pandemic. A study released this year by Ambulance Victoria, Monash University, Royal Melbourne Hospital, Alfred Health and the Baker Heart Research Institute of more than 200,000 patients found the delays offloading patients, or “ramping,” was associated with around 70 preventable deaths in 2018.

Hospitals overwhelmed with COVID-19 patients also led to periods of the cancellation of elective surgery, including in response to the latest surge in July, with several major hospitals particularly in Victoria and Queensland forced to postpone such procedures. In 2020-21, 7.6 percent of patients waited more than a year for surgery, nearly tripling the number waiting compared to 2.8 percent the year before. There are now more than 80,000 Victorians on the surgical wait list, up from 50,000 pre pandemic cases.

This healthcare crisis will only be worsened by the decision of the Albanese government, through the Labor-led National Cabinet, to remove all isolation requirements for those who test positive for COVID-19.

This has been facilitated by the health unions, who have collaborated with governments to enforce “let it rip” policies and have been at the forefront of demanding the removal of public health measures, in line with the demands of big business.

In August, Health Services Union national president Gerard Hayes joined the governments’ platform for the scrapping of any isolation requirements for infectious workers, declaring, “if people do not have symptoms, they should be allowed to work.”

In response to the mounting crisis, the Ambulance Employees Australia Victoria (AEAV) union has sought to quell the anger of its members by calling for a “wide-ranging review of ambulance services performance by the Victorian Ombudsman,” and appeals to the Andrews Labor government.

Numerous reports and reviews, including this latest report on call response times, have already revealed the catastrophic conditions that exist. The unions, including the AEAU, have enforced these conditions through decades of regressive enterprise bargaining agreements which have slashed real wages and conditions, and suppressed industrial action by workers.

The Andrews government is promising \$333 million over a four-year period as a Triple Zero package in the Victorian

Budget and is hiring 400 workers to ESTA, as part of a \$12 billion “pandemic repair plan,” ahead of the state election. This is insufficient to improve conditions after repeated budget cuts to public health spending.

ESTA funding has an annual indexation rate of 2.5 percent, which has been in place since 2004, with additional funding provided on a yearly basis by the state government. The Age has reported that ESTA lobbied the state government repeatedly since 2015 for “consistent funding to recruit staff and cater for heightened demand, fuelled by Victoria’s population growth and unexpected events.”

The response of governments to the COVID-19 pandemic and the removal of public health measures to stop the spread of the virus will only continue to intensify this crisis, with ongoing waves of death and debilitation. While successive Labor and Liberal governments have transferred billions of dollars to the rich over the course of the pandemic and to militarism and war, nothing has been done to bolster the health system.

Health workers around the world, including in Australia, are entering into struggle against the intolerable living and working conditions they face, with strike activity in Australia reaching the highest level since June 2004. But this fight is coming up against the trade unions, which have blocked any unified struggle between health workers and other sections of workers, including workers in other states.

To take forward their struggles, independent rank-and-file organisations of struggle must be built, accountable to the interests of workers themselves and not the profit interests of employers and their union stooges.

Ultimately, the fight for high quality health care, as an essential social right in modern society, is inseparable from the struggle against the capitalist profit system. It can be achieved only through the socialist reorganisation of economic life, to serve social need and not the dictates of corporate profit. This means establishing a high quality, free health care system, socially owned and democratically controlled by the working class.



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